OPTN Lung Transplantation Committee
Meeting Summary
April 15, 2021
Conference Call

Erika Lease, MD, Chair
Marie Budev, DO, Vice Chair

Introduction

The Lung Transplantation Committee met via Citrix GoTo teleconference on 04/15/2021 to discuss the following agenda items:

1. OPTN Executive Committee Emergency Actions Feedback
2. Multi-Organ Allocation
3. OPTN Policy Oversight Committee Update

The following is a summary of the Committee's discussions.

1. OPTN Executive Committee Emergency Actions Feedback

The Committee received an update on the current utilization of *Policy 1.4.F: Updates to Candidate Data During the 2020 COVID-19 Emergency* which allows for transplant programs to use the candidate's most recent labs to maintain their Lung Allocation Score (LAS) and medical urgency, even if those results are not updated on the normally required schedule. The Committee's feedback was requested on whether or not the policy is still needed and if not, how long would lung programs need to update their candidate's necessary lab results.

Summary of discussion:

The Vice Chair stated that transplant hospitals in their region have had patients coming in regularly for lab testing. The Chair stated that their program has been alternating in-person and telehealth visits and should the policy is repealed, preferred a timeline of three months to update those procedures. Members noted that there are still patients that are reluctant to be seen in-person due to COVID-19 risks, and there is some difficulty getting their patient's lab results updated. A member also mentioned that safe practices have greatly improved since learning more about the virus, and another member explained that many of their patients are being vaccinated. The Committee supported a three month timeline to sunset this policy to allow for transplant programs to make any necessary adjustments to update candidate lab results.

2. Multi-Organ Allocation

The Committee discussed operational differences in lung multi-organ allocation during the period of time when lung is utilizing Continuous Distribution (CD) and the other organ types are not. With CD classification can no longer be used to define when to offer additional needed organs to candidates on the lung waitlist, so the Committee was asked for feedback on possible initial approaches to multi-organ allocation for when lung starts CD.

Summary of discussion:

Heart

In the current system, heart gets the majority of priority in heart/lung offers. A member asked for background on why hearts are automatically prioritized over lungs and it was clarified that historically the general thought was that candidates that are the most urgent would show up higher on the heart waitlist. The member also noted that allocation should be fair in terms of all patient urgency since there are rare instances where a liver may pull the lung because of the candidate's high Model for End-Stage Liver Disease (MELD) score, so it may be beneficial for the transplant hospital to choose which organ to base the allocation on. It was mentioned that the newly formed OPTN Ad Hoc Multi-Organ Transplantation Committee is tasked with discussing many options available within CD and will work towards updating multi-organ allocation processes, but organ procurement organizations (OPO) need to know where to start in terms of which match run to make the organ offer off of for allocation. The Vice Chair asked for clarification on heart prioritization considering those candidates have the option for ventricular assist devices (VAD) and lung candidates do not have the same options for support. The Chair clarified that the former OPTN Thoracic Committee discussed this when the new heart allocation system was being proposed and the thought was to ensure that very urgent heart candidates did not miss opportunities for heart offers, but this could be reexamined with the OPTN Heart Transplantation Committee now that the new system has been in place for some time.

The Chair stated that the Committee is not in a position to largely change lung allocation in relation to other organs, but rather bridge lung while in CD and the other organs are not.

The Committee discussed options for allocation including whether or not to include nautical mile (nm) cutoffs on the heart list, keeping in mind limitations with the OPOs ability to make those offers. Members supported keeping the 500 nm cutoff, and recognized that heart/lung candidates are a small population of candidates. The Committee expressed an interest in addressing prioritization for urgent lung candidates in the future as more organs move to CD, but supported an interim allocation approach of:

1) Offering to Heart status 1 or 2 candidates within 500 nautical miles (nm) from the heart (or Heart/Lung) list, then

2) Offering to all Heart/Lung candidates on the Lung Waitlist, before

3) Offering the Heart to the Heart Waitlist (Status 3 and beyond)

Multi-Organ Allocation Threshold Options

The Committee reviewed threshold options for multi-organ allocation which included anchoring to the composite allocation score (CAS) based on the median percentage of candidates currently on a match within each group, CAS based on the lowest CAS a candidate would realistically have, and distance/medical urgency. An attendee asked what the goal is with these options, and is it to ensure that offers are made to candidates that cannot wait for the next one or is it to identify a subset of multi-organ candidates that are thought to be appropriate for allocation of the dual-organs. It was clarified that the goal can be either of those options and that currently allocation is based on classification which needs to be adapted for CD. An attendee asked how many multi-organ candidates are on the waitlist and it was noted that the number of multi-organ candidates is very small in comparison to single organ candidates.

Kidney and Liver

The Committee discussed options where a lung offer may pull the available kidney or liver, while also avoiding situations where urgent isolated kidney and liver candidates are not getting those offers. An

attendee suggested reaching out to the OPTN Kidney and Liver Transplantation Committees to help inform a cutoff for when lung should pull a kidney or liver. A member mentioned that MELD scores would be easier to define as a cutoff and kidney has dialysis as an option, so lung should pull kidney since this is such a small number of the candidate population. An attendee provided a hypothetical example of a kidney candidate that is highly sensitized and may not have opportunity for another offer which should be considered. The Committee supported getting feedback from the OPO, Kidney, and Liver Committees to help inform next steps.

3. OPTN Policy Oversight Committee Update

The Vice Chair presented an overview of the OPTN Policy Oversight Committee's (POC) role in policy development and post-implementation evaluation. The presentation also overviewed the POC's current workgroups and the projects they are working on.

Upcoming Meetings

- April 22, 2021 (Updating Mortality Models Subcommittee)
- May 5, 2021 (Committee)

Attendance

- **Committee Members**
  - Erika Lease, Chair
  - Marie Budev, Vice Chair
  - Alan Betensley
  - Denny Lyu
  - Cynthia Gries
  - Marc Schecter
  - John Reynolds
  - Julia Klesney-Tait
  - June Delisle
  - Nirmal Sharma
  - Whitney Brown
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
  - Melissa Skeans
  - Andrew Wey
  - Maryam Valapour
- **UNOS Staff**
  - James Alcorn
  - Julia Chipko
  - Rebecca Goff
  - Elizabeth Miller
  - Janis Rosenberg
  - Susan Tlusty
  - Sara Rose Wells
  - Krissy Laurie
  - Leah Slife
  - Courtney Jett
  - Kaitlin Swanner
  - Tatenda Mupfudze
  - Darren Stewart
- **Other Attendees**
  - Stuart Sweet
  - Jennifer Schiller